

Bureau of Health Care Quality and Compliance

PRINTED: 04/14/2010
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS263S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2010
NAME OF PROVIDER OR SUPPLIER HENDERSON HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1180 E. LAKE MEAD DRIVE HENDERSON, NV 89015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 4/6/10 and finalized on 4/8/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024913 was substantiated with deficiencies cited. (See Tag Z 230) Complaint #NV00024759 was substantiated with deficiencies cited. (See Tag Z 141) Complaint #NV00024936 was unsubstantiated. An unrelated deficiency was cited. (See Tag Z 122) Complaint #NV00024802 was substantiated with deficiencies cited. (See Tag Z 230) Complaint #NV00024417 was unsubstantiated. Complaint #NV00024885 was unsubstantiated. Complaint #NV00024627 was unsubstantiated. Complaint #NV00024871 was unsubstantiated. Complaint #NV00024938 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000	<p>This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Henderson Healthcare Center agrees with the allegations and citations listed on the statement of deficiencies. Henderson Healthcare Center maintains that the alleged deficiencies do not, collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Henderson Healthcare Center's written credible allegation of compliance.</p> <p>By submitting this plan of correction, Henderson Healthcare Center does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Henderson Healthcare Center reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</p>		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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HQVM11

If continuation sheet 1 of 4

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AND CERTIFICATION
NEVADA5/3/10 POC accepted
B. P. ... H&H

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Z122	Continued From page 1	Z122	Z122 SS=D	
Z122 SS=D	NAC 449.74441 Maintenance 3. A medical record must include: a) Sufficient information to identify the patient; b) A record of the assessments of the patient conducted pursuant to NAC 449.74433 and 449.74435; c) The patient's plan of care and the services provided to the patient; d) The results of any assessment of the patient conducted by a state agency before his admission to the facility; and e) Periodic progress notes prepared by appropriate members of the staff. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff documented complete and comprehensive wound and skin assessments in order to communicate to all staff the resident's progress or lack of progress and to determine if a change in the treatment plan was necessary for 1 of 9 residents (Resident #1). Severity: 2 Scope: 1	Z122	a. Resident #1 is no longer a resident of the facility. b. A 100% audit of all residents was conducted to assure staff members conducting comprehensive wound and skin assessments had captured all information applicable to individual residents and to assure progress or lack of progress had been communicated to all staff and determine if any change in treatment plan was applicable. c. All professional nursing staff providing wound care as their primary duty have been re- educated regarding appropriate assessments and documentation regarding wound and skin issues. d. Random audits will be conducted to assure compliance with this requirement. Results of these audits will be tracked and trended at facility PI meetings.	
Z141 SS=D	NAC 449.7445 Rights of Patients 2. In addition to the rights set forth in NRS 449.710 and 449.720, a patient in a skilled nursing facility has the right to: a) Receive care in a manner and environment that maintains and enhances each patient's dignity with respect to each patient's individuality. b) Exercise his rights without the threat of interference, coercion, discrimination or reprisal. c) Choose his attending physician. d) Be fully informed, in a language that the patient understands, of his total health status, including, without limitation, his medical condition. e) Participate in decisions relating to his health	Z141		

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Z141	<p>Continued From page 2</p> <p>care, unless he is unable to do so because he is incompetent or incapacitated.</p> <p>f) Receive services with reasonable accomodation for his individual needs and preferences, unless the health or safety of the patient or other patients would be endangered.</p> <p>g) Privacy in relation to his accommodations, personal care, written and oral communications and meetings with other persons. The provisions of the paragraph do not require a facility for skilled nursing to provide a private room to each patient.</p> <p>h) File grievances with the facility without the threat of discrimination or reprisal and to the prompt resolution of those grievances. Such grievances include, without limitation, complaints relating to treatment that has been furnished or not furnished and the behavior of other patients.</p> <p>i) Use a telephone where calls can be made without being overheard,</p> <p>j) Retain and use personal possessions as space allows, including, without limitation, furniture and clothing, unless to do so would infringe upon the rights or threaten the health and safety of other patients.</p> <p>k) Share a room with his or her spouse if both spouses reside in the facility and consent to the arrangement.</p> <p>l) Manage his financial affairs.</p> <p>This Regulation is not met as evidenced by: Based on record review the facility failed to have evidence the following consents were signed by the resident or responsible party for 1 of 9 residents (Resident #4): Consent to Treat Resident, Henderson Health Care Resident Rights, and Authorization for and Verification of Consent of Acute Renal Service.</p> <p>Severity: 1 Scope: 1</p>	Z141	<p>e. The individual responsible for compliance is the Director of Nursing.</p> <p>f. Compliance date is April 23, 2010.</p> <p>F141 SS=D</p> <p>a. Resident #4 is no longer a resident of the facility.</p> <p>b. A 100% audit of all resident charts within the facility was conducted to assure other residents had appropriate forms signed.</p> <p>c. The nursing professional staff was re-educated on their responsibility to assure all appropriate forms are signed by residents upon admission and the vehicle to utilize if the resident for what ever reason is unable to sign.</p> <p>d. Random audits will be conducted to assure that all residents have the appropriate forms such as consent to treat and resident rights forms signed. Results of the audits will be tracked and trended at facility PI.</p>	

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Z230 Z230 SS=D	Continued From page 3 NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to answer a resident's call light (room 2101) for 23 minutes because certified nursing assistants were busy feeding residents. Two nurses and the unit secretary were at the nurses' station and did not respond to the call light. Based on interview and record review the facility failed to have documented evidence the dressing for a peripherally inserted central catheter (PICC line) was changed in accordance with facility policy for 1 of 9 residents (Resident #7). Severity: 2 Scope: 1	Z230 Z230	e. The individual responsible for compliance is the Director of Nursing and the Resident Care Managers. f. Compliance date is April 23, 2010. Z230 SS=D a. Part one of this deficiency does not indicate a particular resident. Part two indicates resident #7, who is no longer a resident of the facility. b. A new call light audit has been developed and is being utilized to assure all call lights are answered in a timely manner. An audit of all residents with PICC lines was conducted to assure that documentation was present and that all dressing changes were being done per facility policy. c. All licensed nursing personnel have been re-educated on facility policy regarding dressing changes for PICC lines and the documentation thereof. All staff members were re-	

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educated on the timely answering of call lights.

- d. Random audits will be conducted to assure call lights are being answered in a timely manner. Random audits will be conducted to assure all PICC line dressing are done and documented per facility policy.
- e. The individual responsible for compliance is the Director of Nursing and the Resident Care Managers.
- f. Compliance date is April 23, 2010.